



Application for Vendor/Operator

TYPE OF LICENSE: _____ LICENSE NO: _____ CONTACT I.D. NO: _____

☐ Door-to-Door Vendor ☐ Site Specific Vendor ☐ Regular Route Vendor ☐ Vendor Operator

LOCATION OF VENDING SITE/PROPERTY(Site Specific Vendors Only)

House Number _____ Street _____

Town/City _____ Zip _____

APPLICANT/CONTACT/ORGANIZATION/VENDOR/VENDOR OPERATOR

Name of Applicant _____ Daytime Phone # _____

Address _____ City _____ State _____ Zip _____

Organization: _____ Day Phone # _____ Evening Phone # _____

Contact Person _____ Daytime Phone # _____

BENEFIT PERFORMANCE ONLY

Type of Benefit Performance: _____
(IF THIS IS A CARNIVAL, LIST NAME AND TELEPHONE NUMBER OF OWNER)

Date of Benefit: _____ Hours From: _____ to _____ Copy of Tax Exempt Status Attached () Yes () No

VENDOR APPLICANT ONLY

Name of Cross Street: _____

Zone _____

Hours _____

Types of Goods Being Sold: _____

No. of Photo ID's: _____ Additional Photo ID's: _____

Days of the Week: _____

Hours Open From: _____ to _____

☐ CAP ☐ Signs ☐ ROW
☐ M Site ☐ Private Property

Denial Date: _____

Revoke Date: _____

CHECK ONE BELOW

- ☐ One Day License
☐ Sixty Day License
☐ One Year License
☐ Agricultural Cert. Required
☐ Health Dept. Cert. Required

AFFIDAVIT: I hereby declare and affirm under the penalty of perjury, that all matters and facts set forth in the vendor license application are true and correct to the best of my knowledge, information and belief. I agree to comply with Section A-6.13 of Chapter 59, and the regulations of Chapter 47 of the Montgomery County Code, as amended, to take whatever action is required by the Department to bring the vendor operation into compliance if complaints of non-compliance are received and verified.

Signature of Applicant

Date

Printed Name of Applicant